**Top 30 cases**

**Checklist For ICM trainees**

**Yorkshire and Humber**

Each case needs a linked assessment

Trainee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Fill for Each ARCP

Over the course of training at least 25 of these 30 cases should be covered as WPBA of various types to further ensure a comprehensive coverage of the curriculum.

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| --- | --- | --- | --- | --- |
| Case number |  | Assessment  | Date | Trainee sign off |
| General Approach |
| 1.  | Recognition, assessment and management of the acutely ill adult presenting with respiratory failure.  |   |  |  |
| Respiratory Failure |
| 2.  | Acute exacerbation of COPD with type 2 respiratory failure. Requires ventilation: NIV or intubation and ventilation.  |  |  |  |
| 3.  | ARDS: titration of optimal ventilator strategies.  |  |  |  |
| Shock / CVS |
| 4.  | Shock due to acute severe haemorrhage e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment.  |  |  |  |
| 5.  | Low flow shock due to pulmonary embolism or acute MI: thrombolysis and /or PCI.  |  |  |  |
| 6.  | Acute left ventricular failure: emergency department presentation or post-op surgical patient with fluid excess and recently stopped epidural. Could be in GI, vascular, cardiac surgical context.  |  |  |  |
| 7.  | Post cardiac arrest, cooling and cardiorespiratory support.  |  |  |  |
| 8.  | New atrial fibrillation in the ICU patient: assessment and management.  |  |  |  |
| Sepsis and GI |
| 9.  | Septic shock presenting de novo. Assessment, management, diagnostic work up.  |  |  |  |
| 10.  | Acute GI perforation/sepsis including use of TPN.  |  |  |  |
| 11.  | Acute pancreatitis with pre-renal AKI.  |  |  |  |
| 12.  | Acute liver failure following paracetamol overdose.  |  |  |  |
| Reduced conscious level / Neuro |
| 13.  | Acute meningitis/encephalitis.  |  |  |  |
| 14.  | Traumatic brain injury in ED, low GCS needs intubated, ventilated, transfer to scan, acute SDH: evacuated and now in ICU, post-op management.  |  |  |  |
| 15.  | Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death).  |  |  |  |
| 16.  | Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre Syndrome, myasthenia gravis, botulism, tetanus.  |  |  |  |
| 17.  | Status epilepticus following self-poisoning.  |  |  |  |
| Paediatric ICM |
| 18.  | One week old baby collapse at home. Diagnosis, immediate management and stabilisation.  |  |  |  |
| 19.  | 10 year with severe cerebral palsy, severe kyphoscolisios. Respiratory deterioriation despite maximal oxygen by facemask. Further management, including discussion with paediatricians/parents about appropriate management.  |  |  |  |
| 20.  | Collapse of 18 month old ex-prem (24 weeks). Diagnosis and further management.  |  |  |  |
| Cardiac ICM |
| 21.  | Patient post cardiac surgery on balloon assist with renal failure.  |  |  |  |
| 22.  | Aortic dissection.  |  |  |  |
| 23.  | Acute rhythm disturbance requiring pacemaker.  |  |  |  |
| 24.  | Post operative patient following lung resection surgery.  |  |  |  |
| 25.  | Cardiothoracic trauma case.  |  |  |  |
| Specialist |
| 26.  | HELLP syndrome.  |  |  |  |
| 27.  | Acquired immune deficiency.  |  |  |  |
| 28.  | Diabetic patient with ketoacidosis precipitating cause.  |  |  |  |
| 29.  | Trauma to leg with compartment syndrome, rhabdomyolysis, hyperkalaemia and AKI requiring renal replacement therapy and surgery.  |  |  |  |
| 30.  | Neutropenic sepsis in patient with haematological malignancy.  |  |  |  |